MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AY5 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point
LENGTH OF STAY (in this place): 3 yr. 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 00420 Balt
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 1301 Edmondson Avenue

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) S. (Last) BRINKMANN

4. DATE OF DEATH: (Month) January (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: (Day & Month) 1880 Month unknown)

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Herman Brinkmann - Deceased

14. MOTHER'S MAIDEN NAME: Marie Louise Sierck - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Pulmonary Tuberculosis, right upper lobe
DUE TO — with cavitation (?)

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Coronary Sclerosis with occlusion, right
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Nov. 26 1948, to Jan. 26 19 52, ~~that I last saw the deceased~~ and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
E. R. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 1-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 1-28-52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan 29 1952

REGISTRAR'S SIGNATURE: Ida M. Dougherty, act Reg.

FUNERAL DIRECTOR — ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JAN 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3yrs.9mo.6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 00421
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1819 - 9th Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) MATTHEW (Middle) (Last) BROOKINS

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: (Month & Day) Unknown 1892

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis	
	DUE TO (c) Cerebral arteriosclerosis	

334X
(023X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Aortitis, syphilitic

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 19.48., to 1-11, 19.52., [redacted] and that death occurred at 5:55 Pm., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 1-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 1-15-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. Jan. 16, 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty, Act Reg.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JAN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00422

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) FREDERICK DOUGLAS BROOKS
4. DATE OF DEATH (Month) (Day) (Year) 1 13 1952
5. SEX M
6. COLOR OR RACE B
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 9-12-1896
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Plumber's helper
11. BIRTHPLACE (State or foreign country) Chesapeake City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James H. Brooks
14. MOTHER'S MAIDEN NAME Mary Warrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-20-4906
17. INFORMANT AND ADDRESS Ella E Brooks.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia Rt lung

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumothorax Rt lung.

(c) Probably Carcinoma Rt lung.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD DME (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 1-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/20/52
NAME OF CEMETERY OR CREMATORY Ebenezer Cemetry
LOCATION (City, town, or county) (State) Bohemia Manor Md.
DATE REC'D BY LOCAL REG. Jan 16
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edw R Bell ADDRESS 909 Poplar St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00423

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 12 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) H (Last) CARR			4. DATE OF DEATH (Month) January (Day) 3 (Year) 1952		
5. SEX M.	6. COLOR OR RACE Whe	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept 7, 1870	9. AGE last birthday 81 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Wood Worker	10b. KIND OF BUSINESS OR INDUSTRY Millwright		11. BIRTHPLACE (State or foreign country) Waterford Md.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Henry Carr			14. MOTHER'S MAIDEN NAME Rachel Moore		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 214-14-4841		17. INFORMANT AND ADDRESS Mr. Thomas Carr 112 Bridge St Elkton Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 5 days

420.1 Antecedent cause(s) (b) Arteriosclerosis or Carcinoma hypertrophy — Several years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1951, to Jan 3, 1952, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Ralph Andrews	M.D.	Elkton Md	1/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 6, 1952	NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery	LOCATION (City, town, or county) Cherry Hill	(State) Md
DATE REC'D BY LOCAL REG. Jan 4	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR H. W. Pippin & Son	ADDRESS Elkton Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A 15

RECEIVED
JAN 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00425

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston — LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) E (Last) CLEVELAND
4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 1952

5. SEX F. — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH 12-24-1882 — 9. AGE last birthday 69 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Norristown Pa. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Harry — 14. MOTHER'S MAIDEN NAME Mary Harman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. None — 17. INFORMANT AND ADDRESS Mr. Cleveland, Charlestown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intertrochantic fracture

903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt. femur.

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Charlestown (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 12 (Day) 14 (Year) 1951 (Hour) ? m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell walking across room.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A. C. Dodson MD (Degree or title) DME — ADDRESS Rising Sun Md. — DATE SIGNED 1-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 1-9-1952 — NAME OF CEMETERY OR CREMATORY Deer Creek Cemetery — LOCATION (City, town, or county) Belair R.D. Harford Co. (State) Md

DATE REC'D BY LOCAL REG. Jan 8, 1952 — REGISTRAR'S SIGNATURE F. R. Frazier — 24. FUNERAL DIRECTOR Joseph R. Grant — ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0042

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Cecil COUNTY: Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton, LENGTH OF STAY (in this place): 10 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 252 E. Main St.	STREET ADDRESS (If rural, give location): 252 E. Main St.

3. NAME OF DECEASED (Type or Print)	(First) Alice	(Middle) Pierson	(Last) Cook	4. DATE OF DEATH	(Month) Jan.	(Day) 22	(Year) 1952
5. SEX: F.	6. COLOR OR RACE: Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: July 9, 1892	9. AGE last birthday: 59 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home	10b. KIND OF BUSINESS OR INDUSTRY: House wife	11. BIRTHPLACE (State or foreign country): Elkton, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Edward D. Pierson	14. MOTHER'S MAIDEN NAME: Emma Jane Green						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Mrs Victor McCool, Elkton Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion myocardial infarction	3 months
Antecedent cause(s)	(b) Hypertensive cardio-vascular disease	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 24, 1951, to Jan. 22, 1952, that I last saw the deceased alive on Jan. 22, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Ralph Andrews, Jr.	M.D.	Elkton, Md.	1/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1 24/52	NAME OF CEMETERY OR CREMATORY: Old Swedes	LOCATION (City, town, or county) (State): Wilmington, Del.
DATE REC'D BY LOCAL REG.: Jan 23	REGISTRAR'S SIGNATURE: I. N. Frazers	24. FUNERAL DIRECTOR: H. W. Pippin & Son	ADDRESS: Elkton, Md

Roy W. Henry Pippin

RECEIVED
JAN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A-15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 421
STATE: Pennsylvania — COUNTY: Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Nottingham
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) A. (Last) COX

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 9, 1894

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY: National Fiber Mill

11. BIRTHPLACE (State or foreign country): Lewisville, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Cox - Deceased

14. MOTHER'S MAIDEN NAME: Henrietta Magall - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Uremia
DUE TO
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Perforated Peptic Ulcer
DUE TO
(c)

540.1

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-31-51

19b. MAJOR FINDINGS OF OPERATION: Exploratory Laparotomy and closure of perforated peptic ulcer.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1951, to Jan. 9, 1952, and that death occurred at 7:35 P.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (DEGREE OR TITLE) ADDRESS: E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 1-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 1-10-52
NAME OF CEMETERY OR CREMATORY: Lewisville
LOCATION (City, town, or county) (State): Lewisville, Pa.

DATE REC'D BY LOCAL REG.: Jan 10, 1952
REGISTRAR'S SIGNATURE: Ida M. Dougherty not Reg.

24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JAN
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (8-51)

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Perry Point

LENGTH OF STAY (in this place): 1yr.5mo.14days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: 00428

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 124 North Mount

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WALTER	T.	CRAWFORD	January	28	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Married	12-10-1897	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	North Carolina	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Crawford - Deceased	Nancy Jane Thunderboat - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes — WW I	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial, bilateral	4 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cerebro-vascular accident (thrombo-embolic	1 year
	(c) DUE TO phenomena to left cerebrum, secondary to coronary heart disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia and aphasia, right — 1 year

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

VA

22. I hereby certify that I attended the deceased from 8-14, 1950, to 1-28, 1952, ~~that I last saw the deceased~~ and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — 1-29-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1-29-52	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 29 1952	Ida M. Daugherty act Reg.	Katie R. Williams	Md. KATIE R. WILLIAMS, 321 N. Schroeder St. Balto.

RECEIVED
JAN 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00430

Reg. Dist. No. 72

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Chesapeake Rd. Elkton — LENGTH OF STAY (in this place) 3yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Rd., near Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Rd., near Elkton	STREET ADDRESS (If rural give location) Chespeake Rd., near Elkton

3. NAME OF DECEASED (Type or Print) (First) Lavinia (Middle) (Last) Dorsey			4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 1952		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1903	9. AGE last birthday 48 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Summitt Bridge, Del.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Lewis W. Porter		14. MOTHER'S MAIDEN NAME Annie Frisby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Walter Dorsey-Chesapeake Rd., near Elkton			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Disease	1 day
481X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Grippe	3 weeks
	(c) Secondary anemia	4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1951, to Jan 6, 1952, that I last saw the deceased alive on January 5, 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Johnson	M.D.	Elkton Md.	January 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1/10/52	NAME OF CEMETERY OR CREMATORY St Thomas Cemetry	LOCATION (City, town, or county) (State) Glasgow, Delaware
DATE REC'D BY LOCAL REG. Jan 10	REGISTRAR'S SIGNATURE F. W. Frazer	24. FUNERAL DIRECTOR Edw R Bell	ADDRESS 909 Poplar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00431

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
LENGTH OF STAY (in this place): 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) VIRGINIA (Middle) K. (Last) EWING

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 1-26-52

9. AGE last birthday: ✓ yrs. If under 1 year: Months 6 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): ELKTON Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. ROBERT EWING

14. MOTHER'S MAIDEN NAME: VIRGINIA LEE EDWARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: J. Robert Ewing

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mongolian Idiot — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Jan, 1952, to 31 Jan, 1952, that I last saw the deceased alive on 31 Jan, 1952, and that death occurred at 11 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hans H Hueber	M.D.	North East, Md	1 Feb '52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-1-52	Methodist	North East	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 1	F. L. Tredder	Joseph R. Grant	North East, Md

201 (1914)

VS. A15

RECEIVED
FEB 4 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00432

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Elkton
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RD 4

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Elkton
STREET ADDRESS (If rural, give location): 2 mi - W. of Elkton

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) F (Last) Fox
4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 13 1875
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer owner Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Rolandsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jaminson Fox
14. MOTHER'S MAIDEN NAME: Emma Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	10 days
Antecedent cause(s)	(b)	Hypertension 5 yrs?	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Arteriosclerosis	Unknown

331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Dec, 1951, to 3 Jan, 1952, that I last saw the deceased alive on 2 Jan, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: George J Kuen (Degree or title) HMD — ADDRESS: Elkton, Md — DATE SIGNED: 1/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Jan 6, 1952
NAME OF CEMETERY OR CREMATORY: Brookview Cemetery
LOCATION (City, town, or county): Rising Sun (State): Md

DATE REC'D BY LOCAL REG.: Jan 3
REGISTRAR'S SIGNATURE: F R Frazer
24. FUNERAL DIRECTOR: Ralph M Reed, Rising Sun, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C0435

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Milburn St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 106 Milburn St.

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) (Last) Jones
4. DATE OF DEATH: (Month) January (Day) 24 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH Sept. 10, 1931
9. AGE last birthday 20 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Homes
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Coleman Jones
14. MOTHER'S MAIDEN NAME Bessie Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Bessie Green Jones-106 Milburn St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 3 wks
490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Abscess — 1 wk
208X (c) Tuberculosis — 2 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Jan 24, 1952 that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE James L. Johnson — (Degree or title) M.D. — ADDRESS Elkton, Md. — DATE SIGNED 1/26/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/27/52 — NAME OF CEMETERY OR CREMATORY Providence Cem. — LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REG. Jan 27 — REGISTRAR'S SIGNATURE J. R. Frazer — 24. FUNERAL DIRECTOR Edw. R. Bell — ADDRESS 909 Poplar St.

RECEIVED
JAN 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 10yr.4mo.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 0436
STATE: NONE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) EUGENE (Middle) (Last) MILLER
4. DATE OF DEATH: (Month) January (Day) 15 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-31-1905
9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith Welder
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? Foreign

13. FATHER'S NAME: August Miller - Deceased
14. MOTHER'S MAIDEN NAME: Catherine Dillman - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): Peacetime
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Nephritis, chronic, interstitial	
DUE TO		
	(c) Cirrhosis, hepatic	

581.0 (26-7)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, mellitus (history)

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1941, to 1-15, 1952, [redacted] and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D.
(DEGREE OR TITLE) Chief, Professional Services, VAH, Perry Point, Md.
DATE SIGNED 1-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 1-17-52
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. Jan 17 1952
REGISTRAR'S SIGNATURE Ida M Daugherty Act Reg.
24. FUNERAL DIRECTOR ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JAN 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96 00437

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 23 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 710 Lawrence Street, N.E.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Frank E. Myrick

4. DATE OF DEATH: (Month) (Day) (Year) January 19 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-9-88

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Port Allegheny, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Myrick

14. MOTHER'S MAIDEN NAME: Teresa Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 577 14 1317

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia, Left Lung	5 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Bronchogenic Carcinoma, Left Lung with Metastasis	Unknown
	(c) DUE TO to Liver	

16 27

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27, 1951, to 1-19, 1952, that I last saw the deceased alive on ////////// 19//, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE George E. Doyle, M.D. (DEGREE OR TITLE) Acting Chief Professional Services, VAH Perry Point, Md. ADDRESS — DATE SIGNED 1-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 1-23-52 — NAME OF CEMETERY OR CREMATORY National Cemetery — LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. Jan 19 1952 — REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg — 24. FUNERAL DIRECTOR ADDRESS Costello Funeral Home 1722 N. Capitol St., Wash. D.C.

VS/A15 8-51

RECEIVED
JAN 22 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

90438

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cecilton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hexton, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cecilton
STREET ADDRESS (If rural give location) Hexton, Inc

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elisabeth (Last) Newton

4. DATE OF DEATH (Month) Jan (Day) 3 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 18, 1868
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aswf
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Bailey
14. MOTHER'S MAIDEN NAME Francis Wooleyhan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Elva Tims

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hyperexia and Anorexia	2 weeks
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	2 months
	(c) Nephrosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ventral hernia (large)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Jan, 1952, that I last saw the deceased alive on Jan 3, 1952 and that death occurred at 8 30 p m., from the causes and on the date stated above.

SIGNATURE Wallace Olunshain (Degree or title) MP. ADDRESS Cecilton, Md DATE SIGNED Jan 3 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 6, 1952
NAME OF CEMETERY OR CREMATORY Johntown Cemetery
LOCATION (City, town, or county) Earleville, (State) Md

DATE REC'D BY LOCAL REG. Jan 6 - 1952
REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00439

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Cecil · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST · LENGTH OF STAY (in this place): LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) E (Last) REYNOLDS

4. DATE OF DEATH: (Month) 1 (Day) 21 (Year) 1952

5. SEX: MALE · 6. COLOR OR RACE: WHITE · 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE · 8. DATE OF BIRTH: 11-15-1879 · 9. AGE last birthday: 72 yrs. · If under 1 year: Months / Days · If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER · 10b. KIND OF BUSINESS OR INDUSTRY: MUNITIONS. · 11. BIRTHPLACE (State or foreign country): NORTH EAST Md · 12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: RICHARD REYNOLDS · 14. MOTHER'S MAIDEN NAME: ANNIE WYRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): · 16. SOCIAL SECURITY No.: · 17. INFORMANT: James D Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	30 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Cardiovascular Renal Disease	5 yrs.
	(c)	Cardiac Cirrhosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION · 19b. MAJOR FINDINGS OF OPERATION · 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) · PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) · (CITY OR TOWN) · (COUNTY) · (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. · INJURY OCCURRED While at Work ☐ Not While At work ☐ · HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to 21 Jan, 1952, that I last saw the deceased alive on 15 Jan, 1952, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

SIGNATURE: Hans H Kirchner (Degree or title): M.D. · ADDRESS: North East, Md · DATE SIGNED: 22 Jan '52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL · DATE THEREOF: 1-23-52 · NAME OF CEMETERY OR CREMATORY: METHODIST · LOCATION (City, town, or county): NORTH EAST · (State): Md

DATE REC'D BY LOCAL REG.: Jan 23-52 · REGISTRAR'S SIGNATURE: Sarah E. Rothermel · 24. FUNERAL DIRECTOR: Joseph R. Grant · ADDRESS: North East Md

VS. A15

RECEIVED
1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00440

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: Rising Sun
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) Mount Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Emma Jane Reynolds

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov. 1, 1871
9. AGE last birthday: 80 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Colora, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert A. Woodrow
14. MOTHER'S MAIDEN NAME: Sarah H. Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Herman Reynolds Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio Vascular disease	10 yrs
321X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	28 yrs
	(c) Cerebro-vascular ~~[illegible]~~ Accident	24 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1947, to 1-12, 1952, that I last saw the deceased alive on 1-11, 1952, and that death occurred at 12:00 hour m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Dept. Port Deposit, Md. 1-12-52

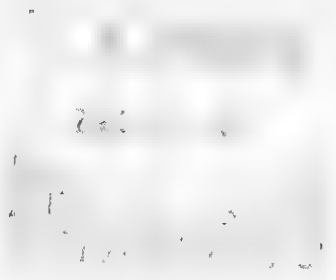
23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF: Jan. 15 1952
NAME OF CEMETERY OR CREMATORY: Brookview Cem.
LOCATION (City, town, or county) (State): Rising Sun Md.

DATE REC'D BY LOCAL REG.: Jan 14-52
REGISTRAR'S SIGNATURE: L M Wo Whiington
24. FUNERAL DIRECTOR: J. E. Tyson
ADDRESS: Rising Sun, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00442

Reg. Dist. No. 9/

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chesapeake City | LENGTH OF STAY (In this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rendelia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chesapeake City, Md
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alex	—	Shestock	Jan	23	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Mins.
male	White	married	Sept 2 1882	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Poland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alex Shestok	Marie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	221-09-9868	Nellie Shestak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Coronary Thrombosis due to — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 21, 1952, to Jan 22, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 1:30 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wallace Obenkain	M.D	Cecilton, Md	Jan 22, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 25/52	St Roses.	Chesapeake City, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 24/52	Irma Ralph A. Sea	H.W. Pippin & Son by D. Kemp Pippin	Elkton Md

RECEIVED
JAN 28 1952
BUREAU V. S.

00443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) F. (Last) Snively
4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-18-1868
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former Owner
10b. KIND OF BUSINESS OR INDUSTRY Ret 10 yrs
11. BIRTHPLACE (State or foreign country) OHIO
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Snively
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-24-2939
17. INFORMANT Mrs Lulu E Snively

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary occlusion

420.1 Antecedent cause(s) (b) Chronic Myocarditis with

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Renal disease.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 25, 1951, to Jan 3, 1952 that I last saw the deceased alive on 1-3, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE R. C. Dodson MD. (Degree or title) ADDRESS Rising Sun Md. DATE SIGNED 1-4-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 1-6-52
NAME OF CEMETERY OR CREMATORY FAIRVIEW
LOCATION (City, town, or county) Cotsuva (State) Md

DATE REC'D BY LOCAL REG. Jan 5
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00444

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON — LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON RURAL
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) J. (Last) THOMPSON
4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 11-23-1876
9. AGE last birthday: 75 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRIGE CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: B+O RR
11. BIRTHPLACE (State or foreign country): ELKTON Md RURAL
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM T. THOMPSON
14. MOTHER'S MAIDEN NAME: ANNIE M CURRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: Joseph L. Thompson Elkton Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 2 weeks

442X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular renal disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1952, to Jan 22, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 9:17 m., from the causes and on the date stated above.

SIGNATURE: S. Ralph Andrews Jr. — (Degree or title): M.D. — ADDRESS: Elkton Md — DATE SIGNED: 1/22/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 1-25-26 — NAME OF CEMETERY OR CREMATORY: UNION METHODIST — LOCATION (City, town, or county): ELKTON RURAL — (State): Md

DATE REC'D BY LOCAL REG.: Jan 24 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East, Md

VS. A-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN 25 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26 00445

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Perry Point
LENGTH OF STAY (in this place): 7mo.12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cokesbury
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) L. (Last) THURSTON

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 1894 (day unknown)

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thurston

14. MOTHER'S MAIDEN NAME: Maria Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Broncho-pneumonia, bilateral — DUE TO

Antecedent cause(s) (b) Cerebrovascular accident — DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

331X

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4-, 1951, to 1-16, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (DEGREE OR TITLE) ADDRESS: E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 1-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 1-18-52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. Jan 18, 1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son, PENNINGTON & SON, Havre de Grace, Md.

VS. A15 8-51

RECEIVED
JAN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00446

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 504 - 7th Street, S.E.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) E. (Last) TRUSSELL

4. DATE OF DEATH: (Month) January (Day) 29 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-3-1916
9. AGE last birthday: 35 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operating Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leon Trussell
14. MOTHER'S MAIDEN NAME: Lillian V. Souders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of the lung with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

162X

Antecedent cause(s) — DUE TO (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 7, 1952, to Jan. 29, 1952, ~~[illegible]~~ ~~[illegible]~~ and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. (DEGREE OR TITLE) Chief, Professional Services, VAH, Perry Point, Md. — ADDRESS — DATE SIGNED 1-30-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 1-30-52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlibgton, Va.

DATE REC'D BY LOCAL REG. Jan 31 1952 — REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

00447

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Perry Point
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa
STREET ADDRESS (If rural, give location): Trimble Road, Box 345A

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) W. (Last) VANARSDALE

4. DATE OF DEATH: (Month) January (Day) 25 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-17-1917

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin Co.

11. BIRTHPLACE (State or foreign country): Trenton, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Frederick Vanarsdale - Deceased

14. MOTHER'S MAIDEN NAME: Amelia Swartz - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia, right	1 day
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Thrombosis of left internal carotid artery at base of brain	2 weeks
	DUE TO (c)	

322X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

6A

22. I hereby certify that I attended the deceased from Jan. 22, 1952, to Jan. 25, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPHER, M.D. (DEGREE OR TITLE) Acting Chief, Professional Services, VAH, Perry Point, Md. (ADDRESS) DATE SIGNED: 1-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 1-25-52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan 25, 1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR ADDRESS: Howard R. McComas Jr
H.K. MC COMAS & SON, Abingdon, Md.

VS-A15 8-51

RECEIVED
JAN 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: CC448 STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 26Yrs 8 Mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET ADDRESS (If rural, give location) 2236 E. Chase Street

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) VYSKOCIL (Last)

4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-7-95

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watertender

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma, Cardiac End of Stomach	6 Mos.
51x Antecedent cause(s)	DUE TO (b) Pulmonary Tuberculosis, Arrested (Thoracoplasty)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1925, to 1-18, 1952, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE J. C. Grasberger (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. C. GRASBERGER, M.D., ACTG. CHIEF PROFESSIONAL SERVICES, VAH, PERRY POINT, MD. 1-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF Jan 22, 1952 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. Jan. 18, 1952 — REGISTRAR'S SIGNATURE Ida M. Daugherty Act. Reg.

24. FUNERAL DIRECTOR Schumunck Funeral Home. Per George L. Hausner. 2601 E. Madison St. Balto. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00450

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Port Deposit
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural, give location) Rock Run Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Walker

4. DATE OF DEATH (Month) Jan. (Day) 6, (Year) 1952 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9-2-1874
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Cutter
10b. KIND OF BUSINESS OR INDUSTRY Stone Quarry
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William J. Walker
14. MOTHER'S MAIDEN NAME Sara Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS W. Curtis Walker, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myo Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant growth in Pancreas estimating the [illegible] & Night [illegible] — 3 months

[illegible] (c) [illegible] 6 months.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Jan 6, 1952, that I last saw the deceased alive on Jan 5, 1952 and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS Port Deposit Md DATE SIGNED 1-6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-9-1952
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Jan. 8, 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Lua A. Patterson & Son ADDRESS Perryville, Md.

JAN 11 1952

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00451

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1719½ Marion Ct., N.W.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) (Last) WARE
4. DATE OF DEATH (Month) January (Day) 8 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-18-1891
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert Ware - Deceased
14. MOTHER'S MAIDEN NAME Mary Strawless Ware
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) WW I
16. SOCIAL SECURITY NO. 579-09-9413
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema, acute	1 day
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	due to (b) Hypertensive cardio-vascular disease	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 12-10, 1951, to Jan. 8, 1952, ~~[illegible]~~ and that death occurred at 10:50 Pm., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (Degree or title) ADDRESS DATE SIGNED
E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 1-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 1-9-52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. Jan 10, 1952
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS
PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JAN 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00452

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CECIL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural give location) RURAL

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) RICARDS (Last) WYLIE

4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: MAR 9 1879

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): NORTH EAST Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: PHILIP A. RICARDS

14. MOTHER'S MAIDEN NAME: MARTHA RUTH THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval between onset and death:

Antecedent cause(s) 422.2

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1951, to Jan. 10, 1952 that I last saw the deceased alive on Jan. 9, 1952 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C Blackins M.D. North East Md. 1-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: JAN 12 1952
NAME OF CEMETERY OR CREMATORY: METHODIST
LOCATION (City, town, or county) (State): NORTH EAST Md

DATE REC'D BY LOCAL REG. Jan 13-1952
REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R. Grant ADDRESS: North East Md

VS. A15

RECEIVED
JAN 15
BUREAU V. S.